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PECOPD Do							Application or Docket Number 10796350		Filing Date: 03/08/2004			☐ To be Ma		
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY														
FOR			NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE	(\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A	/A N/A				N/A			N/A			
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	1	N/A			N/A			N/A			
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A	1	N/A	N/A		N/A			N/A			
TOTAL CLAIMS (37 CFR 1.16(i))				minus 20 = *				X \$25 =		OR	X \$50 =	=		
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 =	•			X \$100 =			X \$200	=	_	
	PPLICATION SIZE 7 CFR 1.16(s))	FEE fo	If the specification and drawings exceed 100 sheets of paper, the application siz fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								+ \$180			+\$36	0		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTA	ľ		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	10/10/06	CLAIMS REMAINING AFTER AMENDMEN		NUMBER	HIGHEST NUMBER PRESE EVIOUSLY EXTR PAID FOR			RATE (\$)	ADDITIONAL FEE (\$)		RATE	(\$)	ADDITIONAL FEE (\$)	
ME	Total (37 CFR 1.16(i))	• 23	Minus	 23	= 0			X \$25 =		OR	X \$50=	=	0	
	Independent (37 CFR 1.16(h))	* 6	Minus	 6	= 0			X \$100 =		OR	X \$200)=	0	
₹	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR	<u> </u>			
TOTAL TOTAL ADD'L OR ADD'L FEE FEE														
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUS PAID FOI	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE	(\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	•	Minus	**	=		1	X \$25 =		OR	X \$50 :	=		
	Independent (37 CFR 1.16(h))	•	Minus	**	=			X \$100 =		OR	X \$200	=		
₽₩ 	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
CALCULATE								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

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